

INEQUALITY OF THE PUPILS IN PLEURITIC EFFUSION. Chaffard and Laedrich (*Arch. Gen. de Med.*, March 7, 1905).

In 7 of 17 cases observed by these authors the pupil was found dilated on the same side as the effusion. No dilatation could be detected in the other ten cases. In all cases it was slight and required careful looking for under favorable circumstances, accommodation being relaxed, as the pupils will be equal if strong light falls on the eye, or if the patient fixes his eyes on an object close at hand. The observations were made daily and the dilatation was found to vary, sometimes disappearing entirely and appearing again a few days later. In no case did it continue after absorption of the fluid was complete. The nature of the pleurisy seems to have nothing to do with the dilatation, as in both the negative and positive cases the effusion was due to various causes. It has been suggested that the dilatation results from compression of the branches of the sympathetic, but the fact that thoracocentesis has little or no effect on the dilatation tells against the idea of compression of nerve fibers by the collection of fluid. The authors suggest in this connection Schiff's law that all peripheral stimulation produces dilatation of the pupils, and refer the condition to the inflammation of the pleura. JELLIFFE.

SUBACUTE COMBINED DEGENERATION OF THE SPINAL CORD. J. A. Ormerod (*Bartholomew's Hospital Reports*, Vol. XL).

The author reports a case of this disease, and notes the importance of recognizing it, since it runs a more rapid course than most other forms of spinal degeneration and usually results in death within a comparatively short time. It appears in middle age, and is often associated with anemia. Three stages can be distinguished, characterized in turn by ataxic paraplegia with paresthesia, by marked anesthesia with spastic paraplegia, and finally by flaccid paralysis with muscular atrophy and loss of the deep reflexes, total anesthesia, paralysis of sphincters, pyrexia, coma, and death in about six weeks, generally after the appearance of constitutional symptoms. The most characteristic features in the morbid anatomy of the cord are primary degeneration of the principal ascending and descending systems of fibers with a diffuse degeneration of the white matter in the dorsal region. The case recorded is that of a compositor, 57 years old, with no significant personal or family history. The first stage lasted in his case about a year, comprising failing memory and numbness in the fingers, numbness in the knees during the latter half of that time, and anemia after eight months. The second stage, nine months in duration, showed failure in ability to walk, then incontinence of urine, anesthesia in lower limbs, exaggerated deep reflexes and extensor plantar reflex. For several months thereafter no change occurred for the worse, and the legs even seemed better. Then the paraplegia became more pronounced, as did the anesthesia and mental deterioration. The third stage terminated in death within three days, having set in with rigor and pyrexia, vomiting and diarrhea, and passing into coma. Autopsy revealed degeneration of the ascending tracts of the posterior columns, of the ascending cerebellar tracts and of the pyramidal tracts. JELLIFFE.

JUVENILE TABES. Hirtz and Lemaire (*Rev. Neurologique*, March, 1905).

The authors of this paper have gone over very thoroughly the existing literature of the subject, and arranged in tabular form the clinical data of 46 cases in patients between the ages of 5 and 22 years. The antecedent syphilis in these cases was, with a few exceptions acquired in the first months of life, hereditary. Urinary troubles, lightning pains or amblyopia are the manifestations of the trouble in early life, the first being the most common initial symptom, the second the next common, and amblyopia figuring more rarely in this capacity. In two cases noted the first symptom was gastric crises. It will be seen that the rule here differs from that

in adults, in whom lightning pains appear as the initial symptom in about 62 per cent., whereas in children they occur in about 50 per cent. In all the juvenile cases incoördination was slight, and ataxia marked in only two of them. The authors consider the disease in children or adolescents as dependent on syphilis, and that this is at least probable even where no history of syphilis can be obtained. The authors are not prepared to assert that juvenile tabes implies necessarily a neuropathic organization as a concomitant of the specific toxin, but have noted sometimes in the family history of these patients epilepsy, tabes or general paralysis. They look upon tabes as an exceptional manifestation of the spinal affections resulting from hereditary syphilis, the diffuse form being more common.

JELLIFFE.

LEAD POISONING. Joseph Sailer and John M. Speese (Journal A. M. A., May 13).

The authors examined the gastric contents, after test meals, in 12 cases of lead poisoning, and report the findings. The stomach contents were tested for lactic acid, free HCl and amount of pepsin present. In all cases a microscopic examination was made for the Oppler-Boas bacillus. Their conclusions are as follows: 1. In a series of 12 cases of lead poisoning, or of suspected lead poisoning, deficiency in the secretion of HCl was noted in 10 of the chronic cases and was not observed in 2, one of which was doubtful and the other acute. 2. This deficiency in the secretion of free HCl in the majority of cases is associated with an extreme reduction in the percentage of peptic digestion, and with the presence of lactic acid. 3. It is not justifiable at present to regard it as an indication for treatment, at least not until the effects of the ordinary treatment for achylia gastrica in cases of lead poisoning have been tested. The authors have found no similar studies in the literature, which they consider rather remarkable in view of the pronounced gastric disturbances produced by lead poisoning.

AUTOPSY FINDINGS IN EPILEPSY. B. Onuf (Journal A. M. A., April 29).

Onuf reports the results of careful autopsies on 16 epileptics at the New York State Institution for Epileptics. In 12 cases there were valvular changes of the heart most frequently of the mitral valve (80 per cent.), less so of the aortic and still less frequently of the tricuspid valves. These he considers generally as secondary results of the special strain due to the major epileptic attacks. Capillary changes, tortuosity and aneurismal dilatations were observed in several cases, and were attributed to the same causes. In eight of the cases where the lungs were examined there was acute pneumonia as a contributory cause of death. The cerebral changes were very striking. In 10 cases there was a marked thickening of the pia, chiefly over the frontoparietal lobe. In other cases there were vascular lesions, circumscribed atrophy of one frontal lobe, subdural hemorrhage (one case), internal hydrocephalus (one case), cerebellar cyst (one case), and shrinkage of convolutions of vermis and adjoining cortex (three cases). The most striking changes, however, were noted in the thalamic region. These were in the nature of atrophy, sometimes the pulvinar, sometimes the other portions being most markedly affected. There was also an apparent discrepancy in the proportions of the geniculate bodies. Onuf discusses the possible relations of these thalamic changes to the epilepsy, but does not venture to express an opinion as to whether they are directly connected with the seizures or are only part of a general pathologic condition of the brain. He suggests that there was probably an optic atrophy in some of these cases, and hence the importance of fundus examination in epileptics. The importance of good clinical histories in these cases is also emphasized.